



Purchase Order Information for 2010 Child Abuse Conference

December 13-14 • Norris Conference Center

- Purchase orders MUST be received by 11/05/10. We will not be able to process PO's for the conference after 11/05.
- PO's should accompany a completed conference registration form (available on the next page).
- A valid email should be provided for e-receipts and confirmations.
- PO's MUST be paid in full no later than December 30, 2010. PO's not paid by this time will incur late charges of \$25/pp.
- PO's and registration forms can be submitted via mail, email or fax:

Mail to: ChildSafe, Attn: Training Coordinator
7130 W. U.S. Hwy 90, San Antonio, TX 78227

Email: patriciak@childsafe-sa.org

SECURE Fax: 210-675-7762, Attn: Training Coordinator

- If your agency is in need of a W-9 or invoice from ChildSafe, please contact Charlie Evans, Director of Finance at charlese@childsafe-sa.org or call 210-675-9000.

Please send registration inquiries to patriciak@childsafe-sa.org. Thank you for your interest in our training program.



2010 Child Abuse Conference

December 13-14th • Norris Conference Center-Balcones Heights
Norris Is located at 4522 Fredericksburg Road, San Antonio, TX 78201

Registrant Information

*Registrant Name _____ *Wk Phone _____

Additional registrants may be added on the following page if registering under one payment or PO.

Home Address/City/State/Zip _____

*Agency/Organization _____

*E-mail _____

***REQUIRED INFORMATION:** For receipt and registration confirmation, please supply an e-mail address. Allow **5-7 business days** for processing.

Profession/Status:

- Advocacy Center CPS Education Faith-Based Law Enforcement Legal/Judicial
 Medical Mental Health Social Services Student Other: _____

SW, LPC, LMFT seeking CEU can earn up to 11.0 CEU for 2-day attendance or 5.5 hours per day (11.0 CEU = 1.1 CEU for SW). LSOTP and LCDC hours not yet calculated.

Nursing contact hrs have been applied for through the Texas Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This program has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the UT Health Science Center at San Antonio School of Medicine (UTHSCSA) and ChildSafe. UTHSCSA is accredited by the ACCME Education to provide continuing medical education for physicians.

Law Enforcement seeking TCLEOSE can potentially earn 11.0 hours for 2-day attendance or 5.5 hours per day.

Important Deadlines

- Cancellation/refund requests must be made in writing by **10/15/10**
- Early bird registration and Purchase Order submission valid thru **11/05/10**
- Register by mail deadline **11/30/10** (registrations should be faxed or called in to ChildSafe after 11/30)
- Special hotel rates for a limited time at Marriott SpringHill Suites (210-737-6086) and Embassy Suites Northwest (210-340-5421)

Fee & Payment Information

	<u>Early Bird Rate</u> (valid until 11/05/10)	<u>Regular Rate</u>	<u>CNE & CME Fee</u>
<input type="checkbox"/> 2-days- Dec. 13-14	\$185/pp	\$230/pp	add \$10/pp
<input type="checkbox"/> 1-day- Mon, Dec. 13		\$130/pp	add \$10/pp
<input type="checkbox"/> 1-day- Tue, Dec. 14		\$130/pp	add \$10/pp

Method of Payment - Checks Payable to ChildSafe

PAYING WITH PURCHASE ORDER - Total amount:\$ _____ PO #: _____
Please add \$10/pp if seeking nursing (CNE) or physician (CME) credits.

PAYING WITH CHECK - Enclosed is my check for \$ _____ Check #: _____
Please add \$10/pp if seeking nursing (CNE) or physician (CME) credits.

PAYING WITH CREDIT CARD - Visa MC AMEX/DISC

I authorize a charge in the amount of \$ _____ *Please add \$10/pp if seeking nursing or physician credits.*

Card Holder Name _____ Expiration Date _____

Card # _____ CVC: _____

Signature _____

Register by MAIL - send payment/form to: ChildSafe, c/o Training Coordinator, 7130 W. U.S. Hwy 90, S.A., TX 78227

Register by FAX - fax form and credit card info to **SECURE** line: (210) 675-7762. To verify that we received your fax, email patriciak@childsafe-sa.org

Register by PHONE - call (210) 675-9000 to expedite your registration (credit card required).

A \$20 fee will be charged for returned checks. Refund requests must be received in writing by 10/15/10. The registration fee will be refunded, minus a \$40 service charge. Please contact us if sending a sub. Visit www.childsafe-sa.org for cancellation/refund policy. You are free to select your workshops. We recommend arriving early to preferred workshops as we cannot guarantee space in those sessions. ChildSafe reserves the right to substitute presenters or cancel workshops due to unforeseeable circumstances.

Conference Supporters:



Norris Conference Center-
Balcones Heights

For Office Use Only

Date Rcvd: _____

Reg. No.: _____





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Additional Registrants – Include the following registrants under:

Purchase Order # _____

Check/Credit Card/Cash Payment made by: _____

Registrant Name _____ *Wk Phone _____

Home Address/City/State/Zip _____

*E-mail _____ Profession: _____

***REQUIRED INFORMATION:** For receipt and registration confirmation, please supply an e-mail address. Allow **5-7 business days** for processing.

Attending 2 days

Attending 1-day, MON, Dec 13

Attending 1-day, TUE, Dec 14

Registrant Name _____ *Wk Phone _____

Home Address/City/State/Zip _____

*E-mail _____ Profession: _____

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